Health Access for All Request for Funding (RFF)
RFF Questions
May 27, 2004

I. CONTRACT AND FISCAL SECTION

A. Matching Funds

1. What is the matching fund requirement?

RESPONSE: For every $1 State funds there is a required $4 local cash match (not limited to County Commission funds) to subsidize health insurance premiums. This local match requirement must be met in each reimbursement period.

2. For counties that have current partnerships with existing plans, can the match funds be applied to premiums of members enrolled previous to the application for the state funds?

RESPONSE: Yes. Upon the effective date of the State award, First 5 California matching funds can be used to subsidize the premium costs of previously enrolled members (birth to five years of age).

3. In future years, will the match continue if the local plan becomes entirely funded by county general funds with no local Commission contribution?

RESPONSE: Yes. The local cash matching funds are not restricted to County Commission funds. The source of the match can change from year to year and County Commissions are required to report these changes. The amount and source of the local match for each of the four years of the award should be reported on the Forms 2 and 3 in your application.

4. What other local dollars can be considered matching funds? Can individual contributions be considered matching funds? Please give some examples of acceptable local cash match.

RESPONSE: Here is a partial list of possible sources of local cash match funds: County Commission funds; county or city general funds; state, regional or local foundation grants; Tobacco Settlement funds; county organized health systems and other health plans; hospital districts, hospitals, and other health and human service agencies; corporate and business communities; and individual donations.

5. **Can members' premiums be considered matching funds?**

   RESPONSE: No. The members' family share of cost towards the premium may not be considered as a source for the local cash match.

B. Waiting List

1. **The one-page summary of the Initiative states that the County Health Insurance Program must be available to all children 0-5 who are ineligible for either Medi-Cal or the Healthy Families Program and whose family income is at or below 300% FPL. This would imply that a Waiting List for children between 0-5 is not acceptable and/or encouraged. Our county is providing very limited funding this Fiscal Year, which means that we will only be able to cover a certain number of children 0-5 until our Prop 10 Commission increases their award to us. Will this be problematic?**

   RESPONSE: It is the expectation of First 5 California that eligible children (birth to age 5) will be enrolled into the expand health insurance program as soon as they are identified. However if there are not sufficient funds to immediate begin paying for the health insurance premiums for all of these children, it is understandable that a waiting list situation may result. It is the expectation of First 5 California that the County Commissions will be working with the Children's Health Collaborative, Health Plan and their other agency partners to fully access their county allocation of State matching funds during their four-year award to avoid a waiting list situation whenever possible.

C. Contractual Issues

1. **Regarding the "Application Format and Components", IV, D. "Copy of the County Commission's fully executed contract with the Health Plan": Our County Commission does not contemplate being a direct party to a contract with a health plan. We have a county-wide steering committee and much larger ownership of the children's health initiative than just the Commission. Will it be sufficient to have a copy of a contract with a health plan that will accomplish the same thing but be executed by the County or whatever entity the Steering Committee designates?**

   Related question: Does the name of the County Commission need to be on the contracted Health Plan?

   RESPONSE: It is required that the contract with the Health Plan responsible for implementing the expanded health insurance program be included in the application regardless if the County Commission or another entity (serving as

the fiscal agent) is directly responsible for paying the Health Plan for member premiums.

However, if the County Commission is not directly contracting with the Health Plan, then it is necessary to also include a copy of the formal contract or agreement between the County Commission and the corresponding fiscal agent that explicitly addresses and explains how the First 5 California and local match funds will be used to pay for the premium costs of children (birth to 5 years of age) who enrolled in the expanded health insurance program. There must be documentation to track the use of and accountability for the State matching funds allocated to the County Commission for the purpose of paying for health insurance premiums.

D. Retroactive award date

1. Regarding matching funds, we will probably apply in November 2004. But the Commission is highly likely to have funded some health insurance activities prior to that time to kick things off. And we want to invest in premiums as soon as an insurance product is in place. What is the 'matchability' of premium dollars invested prior to January 1, 2005? Could we include those investments in our first report?

Related question: The first round of funding will be retroactive to July 2004. Will the other rounds of funding be retroactive?

RESPONSE: For the first application cycle, approved applications will be awarded a start date of July 1, 2004. However, if requested by the County Commission, the start date for the 4-year award for each of the subsequent application cycles can be retroactive to the date that its application is officially received by the First 5 California office. Otherwise, the start date of the award will be according to the schedule that appears in the RFF on pages 2 and 8.

E. Premium Reimbursement

1. What if the premium cost is over $1,100?

RESPONSE: As stated in the RFF (page 5), First 5 California matching funds will reimburse up to 20% of $1,100 for the cost of the annual health insurance premium, and not more.

2. Will the county allocation number be changed annually?

RESPONSE: No. The First 5 California allocation to each county will not be changed annually. However, after two years of operation, First 5 California does plan to reassess the status and progress of the Health Access for All Children Project and will determine at that time if any changes are needed in its funding and eligibility structure.

3. (New Question) If a County Commission enrolls more children in the first year than projected (according to the Annual Allocation Formula in Appendix A) and has sufficient match funds, can it access a portion of the allocation set aside for the following year?

RESPONSE: No. However, after two years of operation, First 5 California does plan to reassess the status and progress of the Health Access for All Children Project and will determine at that time if any changes are needed in its funding and eligibility structure.

F. Knox-Keene License

1. (New Question) First 5 Santa Cruz County anticipates applying for the Health Care for All Children Initiative Request for Funds for the June 9th deadline. It is understood to apply for these fund that "Documentation of licensure as Knox-Keene Act health care service plan" is a required attachment. Central Coast Alliance for Health, the designated Health Plan to operate Healthy Kids, has applied for the Knox-Keene license. However, the application is still under review. Will First 5 California accept an application if the Health Plan does not have the license by June 9th (the deadline for the RFF), but anticipates to have it by the Healthy Kids launch date of July 1st, 2004?

RESPONSE: It would be acceptable to submit an application without the pending Knox-Keene licensure in order to meet the submission deadline. However, it is critical that a copy of the approved license be submitted by no later than July 1, 2004 to the CCFC; otherwise the award start date will be delayed.

II. PROGRAM SECTION

A. Outreach and Enrollment

1. Please clarify the requirement described on page 7 (letter d) regarding "one open door".

RESPONSE: It is expected that the outreach and enrollment strategies employed by the Health Plan, County Commission, Children's Collaborative and/or their other partners actively supports the enrollment of children into whatever health insurance the child may be eligible for (Medi-Cal, Healthy Families, Healthy Kids, etc.) and that there is not a focus on solely enrolling children into the expanded health product.

B. Eligibility

1. What is the definition of age five? Our county's definition of age five is up to the fifth birthday. Must we cover children through the sixth birthday?

RESPONSE: The First 5 California matching funds can be used to cover the health insurance premiums of children up to their sixth birthday. However, the County Commission may choose to only cover children up to their fifth birthday to be consistent with their other locally funded programs and to be in compliance with its own local interpretation of the age range.

2. In order to receive funding, must each county's system design be expected to have coverage for 6-18 years of age?

Related question: Can a county that does not have a system in place to assist 6-18 years of age still apply?

RESPONSE: The expectation of First 5 California is that the expanded health insurance product will be designed and approved to enroll all children (birth to 18 years of age). However given the restrictions of the First 5 funds, we can only require that the premium costs for the youngest members be secured and in place when the County Commission submits its application. Thus, the County Commission can still submit its application for the matching funds even if there are no or limited premium support for the older children.

C. Benefit Package

1. Must each county mirror the Healthy Families program?

Related question: Can certain benefits, such as dental benefits be reduced in order to increase the number of children served?

RESPONSE: The benefit package of the expanded county health insurance program must be similar to the Healthy Families Program. If there are minor differences in the package, these differences must be noted and explained in the application. First 5 California will review the benefit package and determine whether it sufficiently meets the intent of the initiative.

2. Is Cal Kids acceptable as a health plan product?

RESPONSE: No, because Cal Kids does not currently include in-patient care services as part of its benefit package.

3. Is Kaiser Kids (new name: Child Health Plan) acceptable as a health plan product?

RESPONSE: Any commercial health insurance product that meets the health insurance program requirements described in the RFF (i.e., a comprehensive medical, dental and vision services benefit package that mirrors the Healthy Families Program) and demonstrates adequate capacity to enroll and serve additional children is acceptable.

D. Children's Health Collaborative

1. Does there need to be a county collaborative involved with this health initiative?

RESPONSE: A county collaborative or children's health initiative is not an application requirement for the state matching funds. However, given the sizeable investment needed to provide insurance coverage it is highly recommended to secure broad community support and participation from private and public organizations to achieve the goal of universal coverage for all children (birth to 18 years of age).

E. California Children's Services (CCS)

1. Is CCS a "carve in" or "carve out" (as in the Healthy Families Program)?

RESPONSE (updated): Based on the experience of counties with operational Healthy Kids programs, the Health Plans has been successful in working

directly with their local CCS programs in addressing the services for CCS-eligible children who are also enrolled in a Healthy Kids program. First 5 California will be working with the Department of Health Services on further exploring this issue.

F. Member Satisfaction Survey

1. **(New Question) It is requested that we submit a sample of the member satisfaction survey that our Health Plan uses. Health Plan of San Mateo does not have a sample member satisfaction report but it participates in the CAHPS (Consumer Assessment of Health Plans Study) for its Medi-Cal and Healthy Families product lines. And, we will have a comprehensive survey conducted by Mathematica for our Healthy Kids program. However, I don't know if Mathematica would want us to attach the whole survey since it is proprietary info. Can we just describe our survey or attach the CAPHS survey?**

   RESPONSE: It is recommended that a brief description of the aforementioned surveys and/or reports be included in the application as well as including copies of the documents. If is not possible to submit the documents in their entirety, please select portions (survey questions, findings, etc.) that would be most relevant to the Healthy Kids product and to the population of young children (birth to 5).

III. EVALUATION AND REPORTING

A. Evaluation

1. **Are counties expected to have a separate evaluation?**

   RESPONSE: There is a requirement for the Health Plans to participate in a quality assurance and improvement program that meets the Quality Assurance requirements specified by the Knox-Keene Act. Furthermore, County Commissions must agree to participate in a statewide evaluation in the future. But there is not a requirement for the County Commissions to have a separate evaluation plan, although it is assumed that this project will participate in the county's overall evaluation activities. All funded projects will be required to submit Semi-annual Reimbursement Reports and Annual Progress Reports (see page 13).

B. Reporting

1. With respect to pages 9-10, will standard reporting forms be provided?

RESPONSE: Yes, standard reporting forms will be provided for the Premium Reimbursement Invoice, Semi-annual Reimbursement Report and the Annual Progress Report. These forms will be provided upon award of the matching funds.